

Intramural Sports ENTRY FORM

Intramural Sports
Office Suite 113, Dedman Center for Lifetime Sports
Office Hours: 9 AM – 4 PM
214-768-3367 or 214-768-4823

Sport _____

Team Name _____

See Sport Specific Flyer for Division Explanations and Blocks

Division (*pick one*)

Open Greek CoRec Women's Res Hall

Block (*team sports only*)

1st Choice _____

2nd Choice _____

**** For Intramural Sports Office Use Only ****

Block:	Date/Time Rec'd:
Roster Entered:	Office Staff Initial:

CAPTAIN * _____ (SMU ID#) _____ E-mail _____ Phone _____

*Team captain and alternate captain **MUST** be a team member & listed on Intramural Sports Roster below. Greek teams must list their sports chair's information below.

Alternate Captain _____ (SMU ID#) _____ E-mail _____ Phone _____

Sports Chair Info: Name _____ House _____ E-mail _____ Phone _____

I understand that I am responsible for insuring the eligibility of my team and each of its members as stated in the Intramural Rules. I agree to attend all scheduled Captains' Meetings and relay sport schedules, rules and any other pertinent information to my team. As the team Captain, **I understand that I will be held responsible for the actions and behaviors of my teammates and spectators while participating.**

CAPTAIN'S SIGNATURE: _____

COMPLETE CREDIT CARD AUTHORIZATION ON BACK.

INTRAMURAL SPORTS TEAM ROSTER

<i>Print players full names below</i>	<i>SMU ID #</i>	<i>Print players full names below</i>	<i>SMU ID #</i>
1. (Capt.)		11.	
2. (Alt. Capt.)		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

The Department of Recreational Sports and its staff assume no responsibility for injuries received by participants during Intramural activities. Participation in SMU Intramural activities is voluntary and implies acceptance of all risks that are associated with participation in the activity. The Intramural Department strongly encourages that each participant have a physical examination and secure adequate medical insurance prior to participation.

SMU Intramurals Forfeit Fee Credit Card Deduction Authorization

I, _____ (SMU ID# _____) do hereby authorize Southern Methodist University (SMU) to deduct for a Forfeit Fee if my team(s) forfeit any scheduled contest during the regular season or playoffs:

[illegible]

My credit card will be charged \$25 for each forfeited contest or for any Captains' Meeting that my team is not represented at. To avoid a forfeit and the penalties associated with a forfeit please contact the IM office (214-768-4823) by 3:00 PM on the day of your scheduled contest. In order to default a weekend match (Saturday or Sunday) the notification must be received by 5pm Friday. This will be considered a default which means you will still be given a loss but a forfeit fee will not be charged.

I UNDERSTAND THAT I CAN BE CHARGED \$25 FOR:

- ANY “NO CALL, NO SHOW” FORFEIT.
- MISSED CAPTAINS’ MEETING.

Credit Card # XXXX-XXXX-XXXX-____ (last four digits only)

Expiration Date _____

Signature _____

Date _____

Dedman Center POS Initials – Please verify capture of Credit Card in NG _____